

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17485

FILED JUN 5 1944

Registration District No.

Primary Registration District No.

Registrar's No.

552

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1115 Pacific Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 45 years 8 months 13 days
(Specify whether years, months or days)

3. (a) PRINT
FULL NAMELena Marie Hodge3. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex female 5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Herman Hodge6. (c) Age of husband or wife if
alive 48 years7. Birth date of deceased September 9 1898
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
45 8 13 hr. min.9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Matt Schuer13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)14. Maiden name Katherine Walters15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)16. (a) Informant Herman Hodge(b) Address 1115 Pacific St., St. Joseph, Mo.17. (a) Burial (b) Date thereof 5/26/1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashland Cemetery18. (a) Signature of funeral director Shatter Meierhoffer(b) Address 1302 Faraon St., St. Joseph, Mo.19. (a) 5/26/44 (b) Nelson J. Dickler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 Pacific Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th.
year 1944 hour 2:30 minute P. M.21. I hereby certify that I attended the deceased from
May 24, 1944 to May 24, 1944
that I last saw her alive on May 24, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Mitral Insufficiency
48 hours

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Robert J. Dickler (Specify type of place) (d) Means of injury
Address 109 1/2 West Missouri Ave Date signed 5-25-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.